

Case Number:	CM15-0225797		
Date Assigned:	11/24/2015	Date of Injury:	02/19/2001
Decision Date:	12/31/2015	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65 year old male who sustained an industrial injury on February 19, 2001. The worker is being treated for dermatological visit. Subjective: October 15, 2015 he reported not having been utilizing the medications as directed as insurance is not covering medications. He reported that his skin is free from psoriasis with the exception of his left thigh and leg and is requesting refills with prior authorization. Objective: October 15, 2015 noted Fitzpatrick scale III and IV; neurodermatitis on left lower extremity with poorly circumscribed, erythematous, excoriated, scaly plaques or papules; psoriasis. Medication: October 2015: Atarax, CST, and Temovate. Treatment: medication, avoid picking, good skin care and hygiene. On October 21, 2015, a request was made for Atarax 25mg tab #120 with two refills that was modified by Utilization Review on October 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Atarax Pills 25mg #120 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-5511/atarax-oral/details>.

Decision rationale: The requested Atarax Pills 25mg #120 with 5 refills is medically necessary. CA MTUS and ODG are silent on this issue. <http://www.webmd.com/drugs/2/drug-5511/atarax-oral/details> recommend this H1 antagonist to treat anxiety and nausea and as an anti-atopic. The injured worker has noted that his skin is free from psoriasis with the exception of his left thigh and leg and is requesting refills with prior authorization. Objective: October 15, 2015 noted Fitzpatrick scale III and IV; neurodermatitis on left lower extremity with poorly circumscribed, erythematous, excoriated, scaly plaques or papules; psoriasis. The treating physician has documented an atopic dermatologic condition with good functional improvement from its previous use. The criteria noted above having been met, Atarax Pills 25mg #120 with 5 refills is medically necessary.